

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED
ROCANVILLE/WING JOINT VENTURE

PROJECT NAME
ROCANVILLE/WING

PROJECT ID
S270090

DUE DATE	ANNUAL FEE
07/27/2001	\$ 100

AMOUNT DUE
\$ 100

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

TAX ID OR SOCIAL SECURITY #
XXXXXXXXXX

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

Change of Address	
Contact	_____
Address	_____
_____	_____
_____	_____
State	Zip
Phone	_____

Please make check payable to:
Division of Oil, Gas and Mining